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METROPOLITAN LIFE INSURANCE COMPANY
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Cancer in Midlife

CANCER (malignant neoplasms) ranks second only to heart disease as a cause of death in middle life, that is, in the age range 45-64 years. In 1955 there were more than 90,000 cancer deaths at these ages in the United States; they accounted for about one fourth of the total mortality in this age group and for nearly two fifths of the deaths from cancer at all ages combined. It is estimated that one out of every eight persons reaching age 45 will develop cancer by age 65.

Currently, about 230,000 new cases of cancer occur in our country each year among persons in the age range 45-64; 125,000, or little more than half, are among women. These estimates are based upon the findings in the cancer morbidity survey made in 10 major cities in 1947-48.* At the time of that study, there was about one case of cancer in every 200 white women at ages 45-49, the proportion increasing to one in every 90 at ages 60-64. Among white men the corresponding rise in prevalence of the disease with advance in age was much more rapid—from one case in every 350 to one in every 80. This morbidity study indicated that in middle life the most common sites of cancer among white women were the breast and uterus, and among white men the skin and lung.

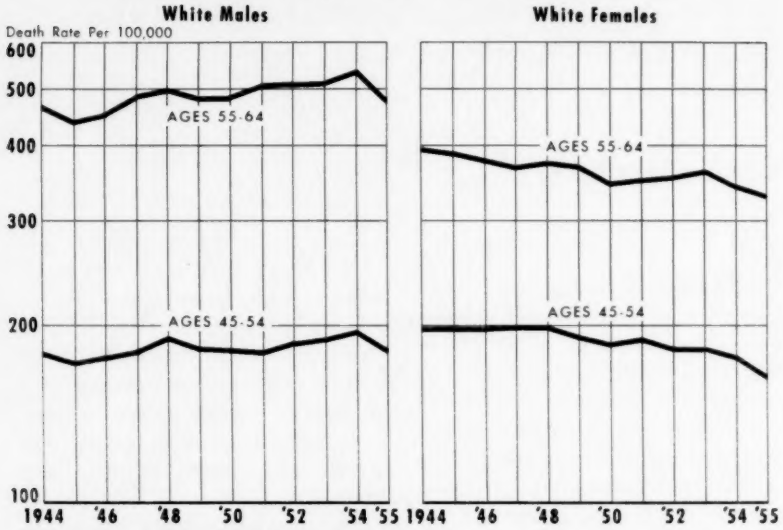
The mortality from cancer in recent years has shown divergent trends for the two sexes. (See chart on page 2.) Among white women insured under Industrial policies in the Metropolitan Life Insurance Company, the cancer death rate in middle life fell 13 percent between 1944-45 and 1954-55. At ages 45-54 the rate decreased from 196.6 to 171.3 per 100,000, and at ages 55-64 from 391.2 to 340.1. Among white men the death rate from this cause rose about as rapidly as it fell among women. As a consequence of these divergent trends, the cancer death rate among men is now 13 percent higher than that for women at ages 45-54, whereas a decade earlier it

*Dorn, Harold F., and Cutler, Sidney J., *Morbidity From Cancer in the United States, Part I.* Public Health Monograph No. 29, Public Health Service, 1955.

MORTALITY FROM MALIGNANT NEOPLASMS

White Persons, by Sex. Ages 45-64 Years

Industrial Policyholders, Metropolitan Life Insurance Company, 1944-55



Note: This chart is on a semilogarithmic scale.

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was 11 percent below the rate for women. At ages 55-64, the excess male mortality from cancer increased from 16 percent to more than 50 percent.

The upward trend in cancer mortality among middle-aged men has been due largely to the marked rise in the recorded death rate from lung cancer. In the decade between 1944-45 and 1954-55 lung cancer at ages 45-54 increased from 34.3 to 59.2 per 100,000, or by three fourths, and at ages 55-64 from 75.3 to 143.6, or nearly double. The factors which may be involved in this rise are under intensive investigation. Much of it is believed to reflect more frequent detection of such cancers and the more common tendency to designate the lung as the primary site, but part of the rise is believed to be real. At present, lung cancer in this insurance experience accounts for nearly 30 percent of the total cancer mortality among men in the age range 45-64 years. As the table on page 3 shows, this is at least three times the comparable death rate from cancer of the stomach, the next leading site.

In both sexes there has been a sizable reduction in the mortality from cancer of the digestive tract, especially of the stomach. The

reasons for this favorable trend are obscure. While some progress has been made in the surgical treatment of stomach cancer, this is probably not a major factor, because only a relatively small proportion of the cases are caught early enough for treatment to be successful. It appears more likely that the recorded decline in mortality represents, in part, the generally increased accuracy in diagnosis and reporting, with fewer deaths being attributed to cancer of the stomach; in part, the decline may reflect a real decrease in the frequency of stomach cancer.

Middle-aged women experienced a reduction of about a third in the mortality from uterine cancer. This is one of the brightest features of the cancer picture because it reflects the results of preventive measures, and of early diagnosis and therapy. More specifically, the progress made in this area of cancer control is a consequence of the prevention or correction of injuries sustained during childbirth, the intensified search for cases in their early stages—aided in recent years by use of the Papanicolaou technique—and prompt treatment by surgery and radiation. A puzzling

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MORTALITY FROM MALIGNANT NEOPLASMS OF SPECIFIED SITES
White Persons, by Sex, Ages 45-64 Years
Industrial Policyholders, Metropolitan Life Insurance Company, 1954-55

SITE	Average of Annual Death Rates per 100,000				Percent of Total			
	Ages 45-54		Ages 55-64		Ages 45-54		Ages 55-64	
	Males	Females	Males	Females	Males	Females	Males	Females
Malignant Neoplasms—Total	193.3	171.3	512.0	340.1	100.0	100.0	100.0	100.0
Buccal cavity and pharynx	9.2	1.5	20.6	2.3	4.8	.8	4.0	.7
Digestive organs and peritoneum	62.7	43.3	189.5	119.4	32.4	25.3	37.0	35.1
Stomach	16.6	6.6	49.9	19.6	8.6	3.9	9.7	5.8
Intestine, including duodenum	15.0	18.3	46.5	43.6	7.8	10.7	9.1	12.8
Rectum	6.6	6.5	27.7	16.0	3.4	3.8	5.4	4.7
Biliary passages and liver	6.9	4.8	20.2	19.3	3.6	2.8	3.9	5.7
Pancreas	10.7	4.6	22.6	15.4	5.5	2.7	4.4	4.5
Respiratory system	64.3	6.0	157.2	14.2	33.3	3.5	30.7	4.2
Lung, bronchus, and mediastinum	59.2	5.5	143.6	13.5	30.6	3.2	28.0	4.0
Breast	.7	42.7	1.3	63.4	.4	24.9	.3	18.6
Female genital organs	—	45.4	—	75.5	—	26.5	—	22.2
Uterus	—	28.2	—	48.4	—	16.5	—	14.2
Ovary	—	16.3	—	25.2	—	9.5	—	7.4
Male genital organs	3.5	—	26.2	—	1.8	—	5.1	—
Prostate	2.5	—	24.2	—	1.3	—	4.7	—
Urinary organs	11.2	3.5	30.4	9.8	5.8	2.0	5.9	2.9
Skin	3.2	1.4	4.8	2.5	1.7	.8	.9	.7
Lymphatic and blood-forming tissues*	16.5	11.9	35.4	23.2	8.5	7.0	6.9	6.8

* Includes leukemia, Hodgkin's disease, and other malignancies of these tissues.

phenomenon, however, is the relative stability of the mortality from breast cancer among women, despite a widespread campaign for early detection of cancer in this accessible site. The fact that breast cancer often spreads before the woman is aware of the disease is probably a partial explanation. It may be that the trend is more favorable than appears from the figures because there has been an increasing tendency for the breast to be designated as the primary site when it is reported in association with cancer of other sites. Death rates as well as incidence rates are higher for cancers of the breast and uterus than for any other sites among middle-aged women. Together, these two sites account for more than two fifths of all cancer deaths among women at ages 45-54 and for about one third at ages 55-64.

Fatal cancers in middle life are considerably more frequent among men than among women for practically all sites, except the breast and genital organs. The difference is especially large for cancer of the lung, the death rate for males being more than 10 times that for females. A large excess in cancer mortality among males is also recorded for the buccal cavity, stomach, and urinary organs. In general, the excess male mortality is relatively greater at ages 55-64 than at 45-54.

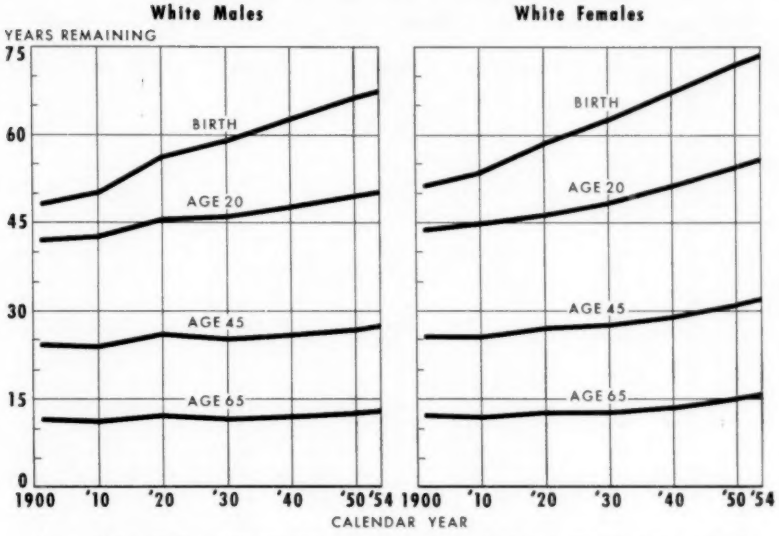
The cancer death toll in the United States could be reduced appreciably if men and women in middle life sought prompt medical attention for symptoms that might signify malignant growth. In the present state of knowledge, early detection and treatment are the major means of control. Hope for the ultimate solution of the cancer problem depends upon research into the causes of the disease.

Longevity at Record High in 1954

THE average length of life (expectation of life at birth) of the American people reached a new high of 69.6 years in 1954. This represented an increase of 4.4 years in a decade and of 20.4 years since 1900-02, when the average was 49.2 years. Thus, the expected lifetime in the United States has been extended by more than 40 percent thus far in the 20th century. In 1954, as in prior decades, white females had the best record for longevity. Their expectation of life at birth rose to 73.6 years, compared with 67.4 years for white males; for the nonwhite population, the corresponding figures were 65.8 years and 61.0 years, respectively.

The gains in expectation of life have been largest in childhood and least at the older ages. This is evident from the accompanying chart, which shows the trend since 1900-02 for the white population at selected ages. Thus, the average remaining lifetime at age 20 in-

YEARS OF LIFE REMAINING AT SPECIFIED AGES
White Population by Sex. United States, 1900-02 to 1954



Source: National Office of Vital Statistics, *Vital Statistics-Special Reports*, Vol. 44, No. 2, page 42.

creased about eight years for males and 12 years for females. At age 45, the corresponding gains were 3.3 years and 6.7 years. Although the outlook has improved relatively little past midlife, at least one half of the population reaching age 65 can now look forward to celebrating their 78th birthday. In 1954, life expectancy at age 65 was 13.1 years for white males and 15.7 years for white females, as may be seen in the left-hand panel of the table on page 6.

The prolongation of life in the United States has resulted in large measure from the marked downward trend in the death rate from the infectious diseases. Inasmuch as a half century ago these diseases constituted a dominant part of the mortality among children and young adults, they have been the principal beneficiaries of the favorable trends. Since 1900-02, the death rate has declined by more than three fourths at the ages prior to midlife, but by less than one third after age 65. Among white females, in particular, mortality has dropped to remarkably low levels. In 1954, the death rate among them was under 2 per 1,000 in the age range 1-39. Among white males, the corresponding range was almost as wide—from ages 1 through 33. Moreover, the death rate remains under 10 per 1,000

EXPECTATION OF LIFE AND MORTALITY RATE AT SINGLE YEARS OF AGE
By Race and Sex, United States, 1954

Age, Years	Expectation of Life in Years					Mortality Rate per 1,000				
	Total Persons	White		Nonwhite		Total Persons	White		Nonwhite	
		Male	Female	Male	Female		Male	Female	Male	Female
0	69.6	67.4	73.6	61.0	65.8	26.7	27.1	20.7	47.5	39.0
1	70.5	68.3	74.2	63.1	67.4	1.9	1.8	1.5	3.9	3.3
2	69.6	67.4	73.3	62.3	66.6	1.2	1.1	1.0	2.1	1.9
3	68.7	66.5	72.4	61.4	65.8	.9	.9	.7	1.4	1.2
4	67.8	65.6	71.4	60.5	64.8	.7	.7	.6	1.1	1.0
5	66.8	64.6	70.5	59.6	63.9	.7	.7	.5	1.0	.8
6	65.9	63.7	69.5	58.7	63.0	.6	.6	.4	.8	.7
7	64.9	62.7	68.5	57.7	62.0	.5	.5	.4	.7	.6
8	63.9	61.7	67.6	56.8	61.0	.4	.5	.4	.6	.5
9	62.9	60.8	66.6	55.8	60.1	.4	.5	.3	.6	.4
10	62.0	59.8	65.6	54.8	59.1	.4	.4	.3	.6	.4
11	61.0	58.8	64.6	53.9	58.1	.4	.5	.3	.7	.4
12	60.0	57.8	63.6	52.9	57.1	.5	.6	.3	.8	.5
13	59.0	56.9	62.7	51.9	56.2	.5	.7	.3	1.0	.6
14	58.1	55.9	61.7	51.0	55.2	.6	.8	.4	1.2	.7
15	57.1	55.0	60.7	50.0	54.2	.7	.9	.4	1.3	.8
16	56.2	54.0	59.7	49.1	53.3	.9	1.1	.5	1.6	.9
17	55.2	53.1	58.8	48.2	52.3	.9	1.2	.5	1.8	1.0
18	54.3	52.1	57.8	47.3	51.4	1.0	1.4	.5	2.0	1.2
19	53.3	51.2	56.8	46.4	50.4	1.1	1.5	.6	2.3	1.3
20	52.4	50.3	55.9	45.5	49.5	1.2	1.7	.6	2.6	1.4
21	51.4	49.4	54.9	44.6	48.6	1.3	1.8	.6	2.8	1.6
22	50.5	48.5	53.9	43.7	47.6	1.3	1.9	.6	3.1	1.7
23	49.6	47.5	53.0	42.8	46.7	1.4	1.8	.7	3.3	1.8
24	48.6	46.6	52.0	42.0	45.8	1.4	1.8	.7	3.5	1.9
25	47.7	45.7	51.0	41.1	44.9	1.3	1.7	.7	3.7	2.0
26	46.8	44.8	50.1	40.3	44.0	1.4	1.6	.7	3.9	2.1
27	45.8	43.8	49.1	39.4	43.1	1.4	1.6	.8	4.0	2.3
28	44.9	42.9	48.1	38.6	42.2	1.4	1.6	.8	4.1	2.4
29	43.9	42.0	47.2	37.8	41.3	1.4	1.6	.8	4.1	2.7
30	43.0	41.1	46.2	36.9	40.4	1.5	1.6	.9	4.1	2.9
31	42.1	40.1	45.3	36.1	39.5	1.6	1.7	.9	4.2	3.2
32	41.1	39.2	44.3	35.2	38.6	1.7	1.8	1.0	4.3	3.5
33	40.2	38.3	43.3	34.4	37.8	1.8	1.9	1.1	4.7	3.8
34	39.3	37.3	42.4	33.5	36.9	1.9	2.0	1.2	5.1	4.1
35	38.4	36.4	41.4	32.7	36.1	2.1	2.2	1.3	5.6	4.5
36	37.4	35.5	40.5	31.9	35.2	2.2	2.4	1.5	6.0	4.9
37	36.5	34.6	39.6	31.1	34.4	2.4	2.6	1.6	6.5	5.2
38	35.6	33.7	38.6	30.3	33.6	2.6	2.8	1.7	6.9	5.5
39	34.7	32.8	37.7	29.5	32.8	2.9	3.1	1.9	7.2	5.8
40	33.8	31.8	36.7	28.7	31.9	3.1	3.4	2.0	7.6	6.1
41	32.9	31.0	35.8	27.9	31.1	3.4	3.7	2.2	8.1	6.4
42	32.0	30.1	34.9	27.1	30.3	3.7	4.1	2.4	8.6	6.8
43	31.1	29.2	34.0	26.3	29.5	4.1	4.6	2.7	9.2	7.4
44	30.3	28.3	33.1	25.6	28.8	4.5	5.2	2.9	10.0	8.1
45	29.4	27.5	32.2	24.8	28.0	5.0	5.8	3.2	10.7	8.7
46	28.5	26.6	31.3	24.1	27.2	5.5	6.4	3.5	11.5	9.5
47	27.7	25.8	30.4	23.4	26.5	6.0	7.1	3.8	12.6	10.4
48	26.8	25.0	29.5	22.7	25.8	6.6	7.9	4.2	13.9	11.5
49	26.0	24.2	28.6	22.0	25.0	7.3	8.7	4.6	15.6	12.9
50	25.2	23.4	27.7	21.3	24.4	8.1	9.5	5.0	17.4	14.4
51	24.4	22.6	26.9	20.7	23.7	8.9	10.5	5.5	19.2	15.9
52	23.6	21.8	26.0	20.1	23.1	9.7	11.4	6.0	20.8	17.1
53	22.9	21.1	25.2	19.5	22.5	10.4	12.4	6.4	22.0	17.8
54	22.1	20.3	24.3	18.9	21.9	11.1	13.5	6.9	23.1	18.2
55	21.3	19.6	23.5	18.4	21.3	11.8	14.6	7.4	24.0	18.5
56	20.6	18.9	22.7	17.8	20.7	12.7	15.8	8.0	25.1	19.0
57	19.8	18.2	21.9	17.2	20.1	13.7	17.1	8.7	26.5	19.7
58	19.1	17.5	21.0	16.7	19.5	14.9	18.7	9.5	28.3	20.9
59	18.4	16.8	20.2	16.2	18.9	16.3	20.5	10.5	30.5	22.4
60	17.7	16.2	19.4	15.7	18.3	17.8	22.4	11.5	32.8	24.0
61	17.0	15.5	18.7	15.2	17.7	19.3	24.4	12.7	35.1	25.6
62	16.3	14.9	17.9	14.7	17.2	21.1	26.6	14.1	37.7	27.7
63	15.7	14.3	17.1	14.3	16.7	23.2	29.0	15.7	40.5	30.5
64	15.0	13.7	16.4	13.9	16.2	25.4	31.6	17.5	43.6	33.8
65	14.4	13.1	15.7	13.5	15.7	28.0	34.5	19.6	47.1	*
66	13.8	12.6	15.0	13.1	*	30.6	37.4	21.8	50.7	*
67	13.2	12.1	14.3	12.8	*	33.1	40.4	24.0	53.7	*
68	12.7	11.5	13.7	12.5	*	35.4	43.1	26.1	55.9	*
69	12.1	11.0	13.0	12.2	*	37.6	45.8	28.3	57.2	*

* Not computed because of deficiencies in basic data.

Note: Interpolated in the Statistical Bureau of the Metropolitan Life Insurance Company from the abridged life table prepared by the National Office of Vital Statistics.

until age 59 among white females and until age 51 among males; the details are given in the right-hand panel of the table.

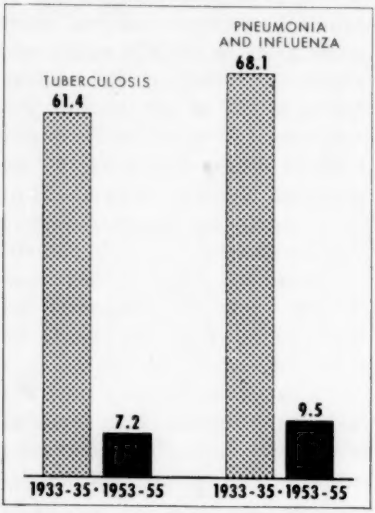
The improvement in mortality has been more rapid among nonwhite persons than among the white. Nevertheless, the nonwhite population is still subject to a much higher rate of mortality throughout the greater part of the life span. Currently, two fifths of the nonwhite male babies fail to survive to age 60, compared with only one fourth of the white. Among females, the disparity is even greater. In fact, all during the childbearing period and well beyond, the mortality rate for nonwhite females is double or triple that for white females.

It is unlikely that the remarkable progress of the past half century will be duplicated. Some further reductions in mortality will undoubtedly be effected by continuing advances in the control of the infections and of accidents. However, mortality is already so low at the younger ages that future gains prior to midlife would add relatively little to the average length of life in our country. For example, if it were possible to prevent all deaths before age 42, expectation of life at birth would be increased by an amount equal to the gain of the past decade, namely, by about 4½ years. In fact, even if there were no deaths at all before age 60, longevity would be extended eight years, or by only two fifths of the increase since the turn of the century. It is apparent from these facts that substantial gains in the future will be dependent largely on our success in preventing or postponing the cardiovascular-renal diseases and cancer, which are the preponderant causes of death in the middle and later years of life.

Control of the Infectious Diseases

DURING the past two decades epoch-making advances have been made in the control of the infectious diseases. Among persons insured under Industrial policies in the Metropolitan Life Insurance Company, the mortality from tuberculosis and from pneumonia and influenza fell nearly 90 percent between 1933-35 and 1953-55; the details are shown in the chart on page 8. Almost as rapid has been the decline in the death rates from syphilis and acute rheumatic fever. The principal communicable diseases of childhood—measles, scarlet fever, whooping cough, and diphtheria—together recorded an average death rate of only 0.2 per 100,000 policyholders in 1953-55, and typhoid fever and paratyphoid fever a rate of less than 0.05. A number of other infectious diseases, including puerperal septicemia and erysipelas, have likewise been reduced to vanishing proportions

AVERAGE OF DEATH RATES PER 100,000* FROM SPECIFIED CAUSES
Metropolitan Life Insurance Company



*Adjusted for age, sex, and color. Ages 1-74 years, Industrial policyholders.

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as causes of death in this insurance experience.

Extraordinary progress has also been made in the control of two diseases—smallpox and malaria—which had long been major health problems in the United States. About 8,000 cases of smallpox were reported in our country during 1935; in 1955 there was not a single one. Even more impressive has been the success scored against malaria. In 1935 more than 137,000 cases of the disease were reported in the United States; 20 years later there were only 477 cases reported, and a considerable number of these infections were acquired by members of our Armed Forces while serving overseas.

A wide variety of infectious diseases, including pneumonia and syphilis, have come under a large measure of control because of the effectiveness of antibiotic therapy. In some diseases—diphtheria and smallpox, for example—immunization has been the major factor. In others, such as typhoid fever and malaria, improved environmental sanitation has greatly reduced the sources of infection. The specific measures for prevention and treatment have been supplemented by such general factors as better nutrition, more adequate medical and hospital care, and widespread health education.

Despite the outstanding gains made against the infectious diseases, they continue to be major causes of sickness and death in the United States. In 1955 tuberculosis still accounted for more than 15,000 deaths, and pneumonia and influenza for about three times as many. The common cold and other respiratory conditions, year after year, impose an enormous amount of disability. The infectious diseases take an additional toll in less obvious ways. For example, not a few children annually are born with congenital malformations because their mothers had German measles during the early months of pregnancy. Then, too, infectious disease often hastens the death of people with serious chronic diseases.

Boating Has Its Hazards

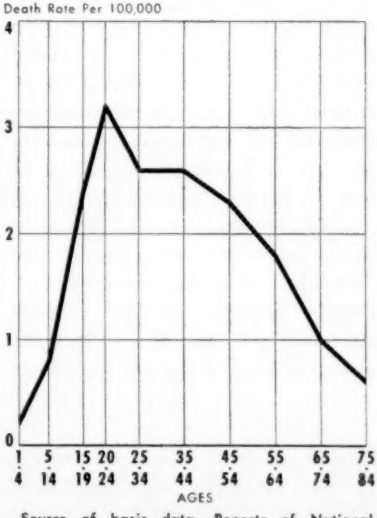
MILLIONS of Americans each year go boating in small craft on our inland and coastal waters. But this popular and delightful sport is not without its serious hazards. About 1,200 lives are lost annually in the United States as a result of accidents involving small boats, a toll of 7 per million population. More than two fifths of these deaths occur in the three months May through July.

Small boat accidents account for four out of every five lives lost in all types of water transportation. Hence, the sex and age characteristics of the mortality from water transportation accidents as a whole are representative of those for small boat mishaps, separate data for which are lacking. Males constitute a large majority of the victims; their average death rate from water transportation accidents in the United States was 1.8 per 100,000 population in 1952-53, compared with 0.2 for females. As the accompanying chart shows, the death rate for males increases from less than 1 per 100,000 at the ages under 15 to a peak of 3.2 per 100,000 at ages 20-24, after which it decreases with advance in age. The relatively high mortality from this cause among young men undoubtedly reflects, in addition to the large numbers participating in boating activities, their greater readiness to expose themselves to danger.

Information on the type of craft involved in small boat accidents is available from the death claim records of the Industrial policyholders of the Metropolitan Life Insurance Company who were drowned in such mishaps during 1954 and 1955. Motor-driven craft, very largely of the outboard type, accounted for three fifths of the deaths in small boat accidents in which the type of craft was stated. Rowboats were involved in about one fifth of the deaths, while canoes and rafts accounted for virtually all the others. Only two of the fatalities involved sailboats, a

WATER TRANSPORTATION ACCIDENTS

Average Death Rates per 100,000 Males
United States, 1952-53



Source of basic data: Reports of National Office of Vital Statistics.

surprisingly small number in view of the popularity of sailing.

Nearly three out of every five insured who drowned in small boat accidents were out fishing when the mishap occurred, according to an analysis of the records which contain details on the activity of the victim. This high proportion is a reflection of the fact that fishing is a favorite sport of millions of Americans. About one quarter of the victims in this insurance experience were cruising about in inboard or outboard boats, or were rowing or canoeing for pleasure. An additional one tenth were duck hunting, and almost an equal proportion were drowned while playing on rafts; the latter were practically all boys under age 15.

That most of the deaths in this study were preventable is clear from a review of the circumstances under which they occurred. The death claim records show that in many instances small boats turned over when occupants stood up or shifted their position in the craft. Overloading was also responsible for an appreciable number of deaths. Others resulted from such dangerous practices as speeding, sharp turning, and engaging in horseplay near dams or falls. A goodly number of the persons drowned did not know how to swim; in some instances they were alone or with fellow passengers who also were nonswimmers. Physical weakness or impairment was a contributing factor in a few deaths.

Sudden squalls, severe winds, and treacherous currents not infrequently played a part in causing small boat accidents. Boats hitting submerged objects also added to the toll of victims.

Boating in small craft is enjoyable recreation, but too often people do not realize the dangers involved and do not have the ability to cope with emergencies. It is foolhardy to venture out without adequate knowledge of how to operate a boat safely. Craft should be checked periodically for soundness of condition as well as for the adequacy of lifesaving equipment. Warnings on storms and water conditions should be heeded. Persons who cannot swim should stay out of small boats or be in the company of several expert swimmers.

The Coast Guard, through its rescue operations and its inspection service, has been rendering invaluable service to the large and growing number of boating enthusiasts. Major contributions to watercraft safety education have also been made by the National Safety Council, the Red Cross, Boy Scouts, and boating organizations such as the United States Power Squadrons.

MORTALITY FROM SELECTED CAUSES

Industrial Policyholders, Metropolitan Life Insurance Company
May 1956

Cause of Death	Annual Rate per 100,000 Policyholders*				
	May		Year to Date		
	1956	1955	1956	1955	1954
All Causes†	636.1	607.3	669.8	650.2	659.9
Tuberculosis (all forms)	8.6	8.0	8.0	8.3	9.9
Communicable diseases of childhood	.6	.3	.4	.4	.4
Acute poliomyelitis	.1	.1	.1	.2	.2
Malignant neoplasms	134.8	125.0	132.4	130.0	129.4
Digestive system	46.9	45.1	45.1	45.2	46.9
Respiratory system	17.6	16.9	17.8	16.7	16.5
Diabetes mellitus	15.7	14.7	16.7	16.0	15.8
Diseases of the cardiovascular-renal system	335.7	322.0	361.9	348.5	352.0
Vascular lesions, central nervous system	66.2	62.8	70.9	67.3	67.5
Diseases of heart	245.0	235.4	264.7	254.5	256.3
Chronic rheumatic heart disease	13.2	12.6	12.7	13.6	13.5
Arteriosclerotic and degenerative heart disease	188.4	180.7	206.0	195.2	191.8
Diseases of coronary arteries	106.7	109.8	117.1	112.6	112.3
Hypertension with heart disease	35.8	35.7	37.3	37.1	41.2
Other diseases of heart	7.6	6.4	8.7	8.6	9.8
Nephritis and nephrosis	7.3	7.5	8.3	9.4	10.3
Pneumonia and influenza	16.3	12.1	19.3	18.2	17.1
Complications of pregnancy, childbirth	.8	.4	1.0	.8	.9
Suicide	6.7	6.8	5.7	6.2	5.6
Homicide	2.4	1.8	2.1	2.1	2.3
Accidents—total	34.0	32.6	35.8	33.2	35.3
Motor vehicle	15.0	14.5	15.3	13.5	14.3
All other causes	80.4	83.5	86.4	86.3	91.0

* Persons insured under Industrial premium-paying policies for 1954; beginning with 1955 there are included in addition persons with Ordinary Monthly Premium Policies for Less Than $1,000, and beginning with March 1956, persons with Debit Book Ordinary policies for $2,000 or less.

† Excludes war deaths (enemy action).

Note: The rates for 1955 and 1956 are provisional.

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MORTALITY FROM ALL CAUSES

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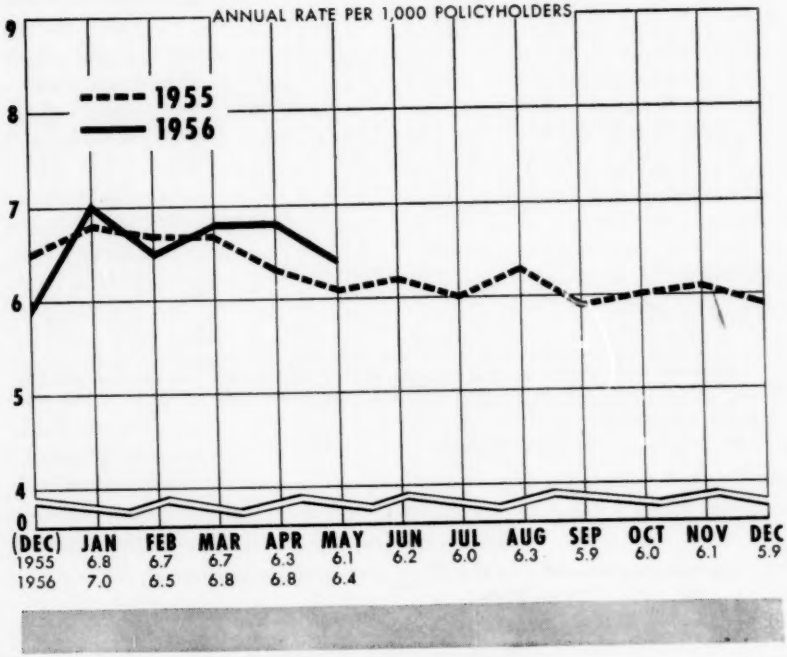

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